

<i>SERFF Tracking Number:</i>	<i>MUTM-126899312</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47290</i>
<i>Company Tracking Number:</i>	<i>WANDA HILL</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>2011 Waiver of Premium for Unemployment Rider- D185LNA10R</i>		
<i>Project Name/Number:</i>	<i>2011 Waiver of Premium for Unemployment Rider/D185LNA10R</i>		

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: 2011 Waiver of Premium for Unemployment Rider- D185LNA10R  
 SERFF Tr Num: MUTM-126899312 State: Arkansas

TOI: L04I Individual Life - Term  
 SERFF Status: Closed-Approved- Closed State Tr Num: 47290

Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
 Co Tr Num: WANDA HILL State Status: Approved-Closed

Filing Type: Form  
 Reviewer(s): Linda Bird  
 Disposition Date: 11/17/2010  
 Authors: Wanda Hill, Shelly Kaipust, Kim Meyerring, Mary Gregg, Krysia Gannon, Ellen Cochrane, Kristin Miller  
 Date Submitted: 11/10/2010  
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval  
 State Filing Description:  
 Implementation Date:

## General Information

Project Name: 2011 Waiver of Premium for Unemployment Rider  
 Project Number: D185LNA10R  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 11/17/2010

Status of Filing in Domicile:  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Individual  
 Group Market Size:  
 Group Market Type:  
 Explanation for Other Group Market Type:  
 State Status Changed: 11/17/2010  
 Created By: Ellen Cochrane  
 Corresponding Filing Tracking Number:

Deemer Date:  
 Submitted By: Ellen Cochrane  
 Filing Description:  
 RE: United of Omaha Life Insurance Company  
 NAIC 261-69868 FEIN 47-0322111  
 Individual Life Insurance

SERFF Tracking Number: MUTM-126899312 State: Arkansas  
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#### **D185LNA10R Waiver of Premium for Unemployment Rider**

Enclosed for filing with your Department is the above-captioned form in final format for review and approval. Waiver of Premium for Unemployment Rider D185LNA10R is new and is not intended to replace any previously approved form. It contains no unusual or controversial items according to normal company and industry standards. To the best of my knowledge, this form complies with all of your applicable statutes.

Rider D185LNA10R waives premiums for the policy and any riders for six months if the insured becomes unemployed while the policy is in force. Rider D185LNA10R is a no-cost rider that will automatically attach to the policy at issue.

We are also requesting that rider D185LNA10R be filed for general use with our existing term life policies (see Appendix A) and any term life policies that may be developed in the future.

Enclosed are the required filing materials. Please feel free to contact me if you should have any questions and/or concerns. Thank you for your time and consideration of this submission.

Sincerely,

Wanda Hill  
Senior Product and Advertising Compliance Analyst  
Regulatory Affairs  
Phone: 402-351-3440 (Collect)  
Fax: 402-351-5298  
E-mail: wanda.hill@mutualofomaha.com

#### **Appendix A**

Form No.	Form Description	Approval Date
6244L-0696	Term Life Insurance Policy	04-25-96
6290L-0696	Term Life Insurance Policy	04-25-96
6313L-0696	Term Life Insurance Policy	04-25-96
7064L-0203	Term Life Insurance Policy	03-26-03

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## Company and Contact

### Filing Contact Information

Wanda Hill, Senior Policy Drafting and Regulatory Specialist wanda.hill@mutualofomaha.com

Regulatory Affairs 402-351-3440 [Phone]

Mutual of Omaha Plaza 402-351-5298 [FAX]

Omaha, NE 68175

### Filing Company Information

United of Omaha Life Insurance Company CoCode: 69868 State of Domicile: Nebraska

Mutual of Omaha Plaza Group Code: 261 Company Type: Life Insurance

Omaha, NE 68175 Group Name: State ID Number:

(402) 351-6420 ext. [Phone] FEIN Number: 47-0322111

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## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	11/10/2010	41761849

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	11/17/2010	11/17/2010

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## Disposition

Disposition Date: 11/17/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Waiver of Premium for Unemployment Rider		Yes

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## Form Schedule

Lead Form Number: D185LNA10R

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	D185LNA10R	Policy/Cont Waiver of Premium ract/Fratern for Unemployment al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			Waiver of Premium for Unemployme nt Rider_D185L NA10R.pdf

# UNITED OF OMAHA LIFE INSURANCE COMPANY

## WAIVER OF PREMIUM FOR UNEMPLOYMENT RIDER

*This rider is part of the policy to which it is attached. It is subject to all of the policy provisions that are not inconsistent with the provisions of this rider. If the provisions of this rider and those of the policy do not agree, the provisions of this rider apply.*

### BENEFIT

We will waive premiums for the policy and all riders attached to it for one six-month period if the insured becomes unemployed while the policy is in force. This one-time benefit is available beginning 24 months after the policy issue date.

To qualify, the insured must:

- (a) receive state or federal unemployment benefits for four consecutive weeks; and
- (b) provide proof of receiving such benefits within 90 days after the end of this four-week period.

When we receive this proof, we will waive premiums for six months. The waiver will begin on the premium due date following the date we approve this claim.

Premiums waived under this provision may result in tax consequences to you. Please consult a tax advisor.

### EFFECTIVE DATE

This rider is effective as of the policy issue date.

### COST

There is no premium charge for this rider.

United of Omaha Life Insurance Company

A handwritten signature in black ink, appearing to read "Michael Huss". The signature is written in a cursive, flowing style.

Corporate Secretary



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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b>		
AR Read Cert.pdf		

**CERTIFICATION**

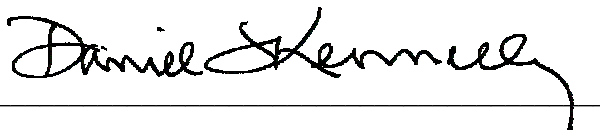
This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
D185LNA10R	Rider	61.4 *

\*This score was achieved by removing language or terminology entitled to be excepted by your state's readability regulation.

\*Meets or exceeds your Flesch score requirement of 40 when scored with the base policy.

Date: 11/10/10



Daniel J. Kennelly  
Vice President & Chief Compliance Officer